



**THE COUNCIL OF SOCIAL AGENCIES OF HAMPSHIRE COUNTY
2019-2020 Membership Form**

Membership Categories (please select one):

Agency Membership

Agency membership rates are based on the organization's total annual budget.

- | | |
|--|--|
| <input type="checkbox"/> Up to \$99,999 @ \$50.00 | <input type="checkbox"/> \$2,000,000 to \$4,999,999 @ \$300.00 |
| <input type="checkbox"/> \$100,000 to \$499,999 @ \$75.00 | <input type="checkbox"/> \$5,000,000 to \$6,999,999 @ \$500.00 |
| <input type="checkbox"/> \$500,000 to \$999,999 @ \$100.00 | <input type="checkbox"/> \$7,000,000 and above @ \$750.00 |
| <input type="checkbox"/> \$1,000,000 to \$1,999,999 @ \$150.00 | |

OR

- ☐ **Individual Membership (unaffiliated with agency) @ \$25.00**

Total amount enclosed: _____

Checks should be made payable to "COSA" (Federal ID# 04-3233858)

Individual/Name of Primary Contact: _____

Organization Name: _____

Address: _____

City/State/Zip: _____

Primary Contact Email Address: _____

Add this email to the COSA list: ☐ Yes ☐ No

Additional email addresses for the COSA list? _____

Primary Contact Phone (optional): _____

Please MAIL this membership form to COSA, PO Box 343, Amherst, MA 01004

